

CLAIMANT'S NAME Karen Baker	Fiscal Year 2008-2009	2008TEC1626	SSN OR EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT OPR
POSITION Executive Director	CB/ID NO.: EXEMPT	DIVISION OR BUREAU California Volunteers		PCA # 11001200
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 1110 K Street Suite 210		TELEPHONE NUMBER 916-323-7646
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA ZIP CODE 95814

(1) MONTH/YEAR Mar 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENT- TALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L.T. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
3/24	2100	Sac to Sunnyvale	\$144.54								124 \$68.20		\$212.74
3/25	1600	Sunnyvale to Sac		\$6.00							124 \$68.20		\$74.20
											\$0.00		\$0.00
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											\$0.00		\$0.00
(10) SUBTOTALS			\$144.54	\$6.00							? 136.4		\$286.94

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$ \$286.94

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Speaking at the Bay Area Corporate Volunteer Council Meeting - Sunnyvale

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE

3/27/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3-27-09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE